

Name
in
Full

Margaret Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville Town Carroll County **MARYLAND**

Date of death 1909 July Month 30 Day 65 Years Age - Months - Days

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death -

~~Married~~, Single Single or ~~Widowed~~ Name of Wife or Husband -

Father's Name Garnbert Adkins Father's Birthplace Md

Mother's Maiden Name Clareissa Laws Mother's Birthplace Md

Name of person giving Information T. E. Holloway How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis & Senility How long over 6 months

Immediate Uraemia & Exhaustion How long 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Norfolk Morris M. D.

Address Springfield State Hosp.
Sykesville, Carroll Co - Md

Accident or Suicida -

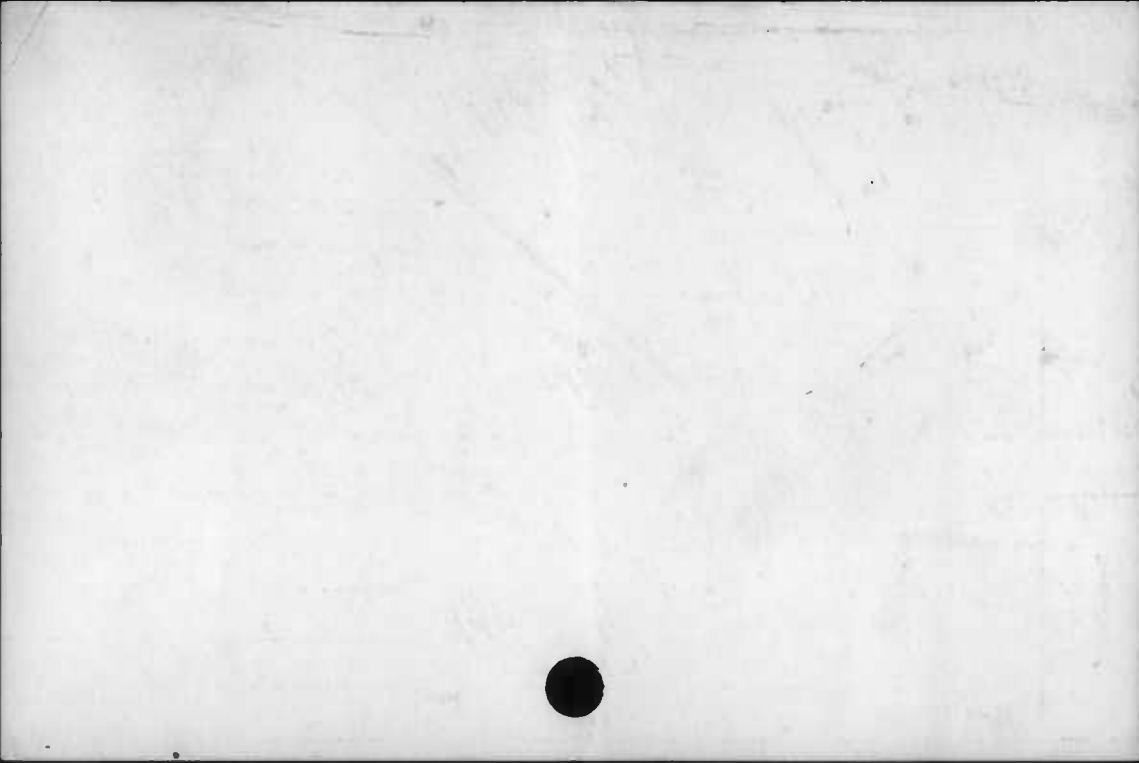


Name in Full		498				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fredericksburg</i>		County <i>Carroll</i>		MARYLAND	
		Date of death <i>1909 July 22</i>		Age <i>1</i>		Months <i>3</i> Days <i>14</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>John d. Annacost</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lillian G. Constantine</i>		Mother's Birthplace <i>Id.</i>					
Name of person giving information <i>Lillian G. Annacost</i>		How related to deceased <i>Mother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cholera Infantum</i>		How long <i>16 1/2 hours</i>			
		Immediate <i>Intestinal Convulsions</i>		How long <i>3 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas R Fouts</i>			
		Address <i>Westminster</i>					
Accident or Suicide? <i>No</i>							

Sharrer

Funkhous

Name in Full		Baker		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Barroll</u> Town		<u>Barroll</u> County		MARYLAND
	Date of death	1909	Month	July	Day
	7		Age	Years	Months
	Sex	Male	Color or Race	White	Birth-place
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Harry Baker		Father's Birthplace	Barroll Co
Mother's Maiden Name	Ida Halsman		Mother's Birthplace	Bullo	
Name of person giving information	Dr. A. B. Sprucker		How related to deceased	Not at all	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Asphyxia in birth			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	yes		Address		
	Accident or Suicide?		Dysentery		



Name
in
Full

Margaret Ann. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Marston^{County} Carroll

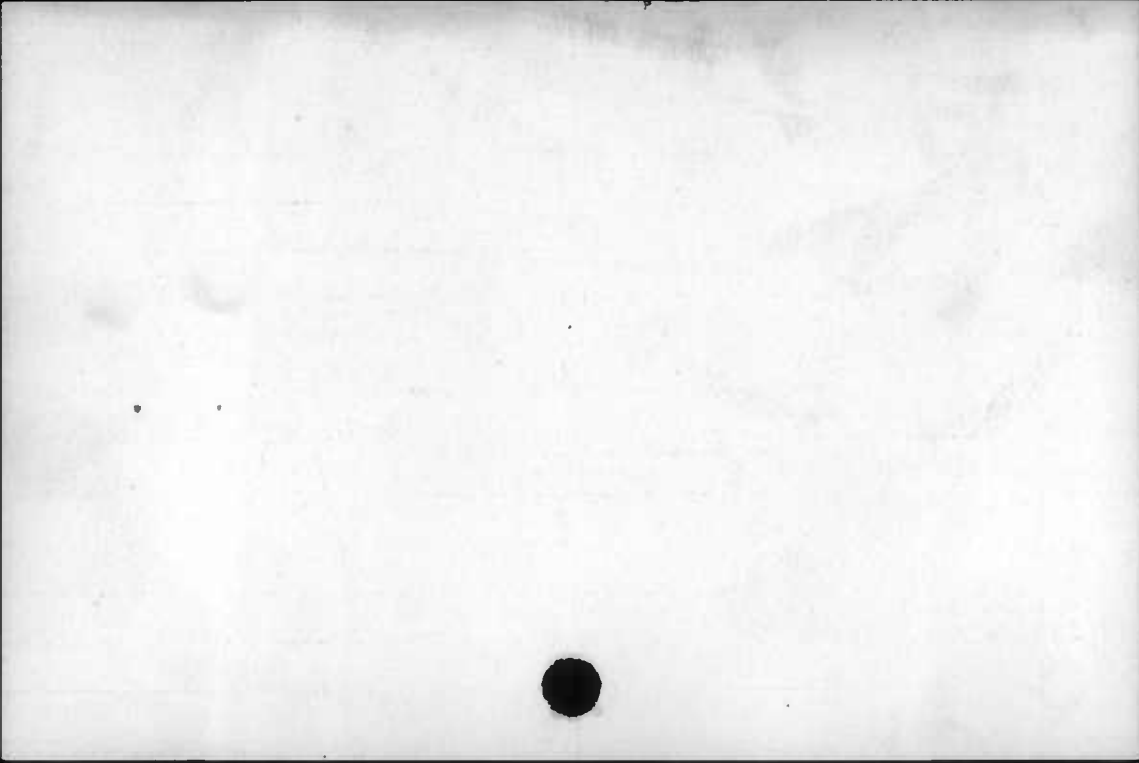
MARYLAND

Date of death 1908 ^{Month} July^{Day} 25Age ^{Years} 85^{Months} 11^{Days} 2Sex FemaleColor or Race WhiteBirth-place IndOccupation House wifeWhere Residing if not at place of death MarstonMarried, Single or Widowed WidowName of Wife or Husband Rufus BarnesFather's Name James ThomasFather's Birthplace UnknownMother's Maiden Name Catharine JennerMother's Birthplace UnknownName of person giving information Mary BarnesHow related to deceased Daughter

CAUSES OF DEATH

79 XPHYSICIAN
OR CORONERPrimary Heart DiseaseHow long —Immediate " "How long —Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician Dr. E. WhiteheadAddress New WindsorMD

Accident or Suicide?



Name
in
Full

May Elizabeth Blaine Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cambridge</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	July	Day	30
Age	—	Years	—	Months	2
Sex	Female	Color or Race	white	Birth-place	Carroll Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

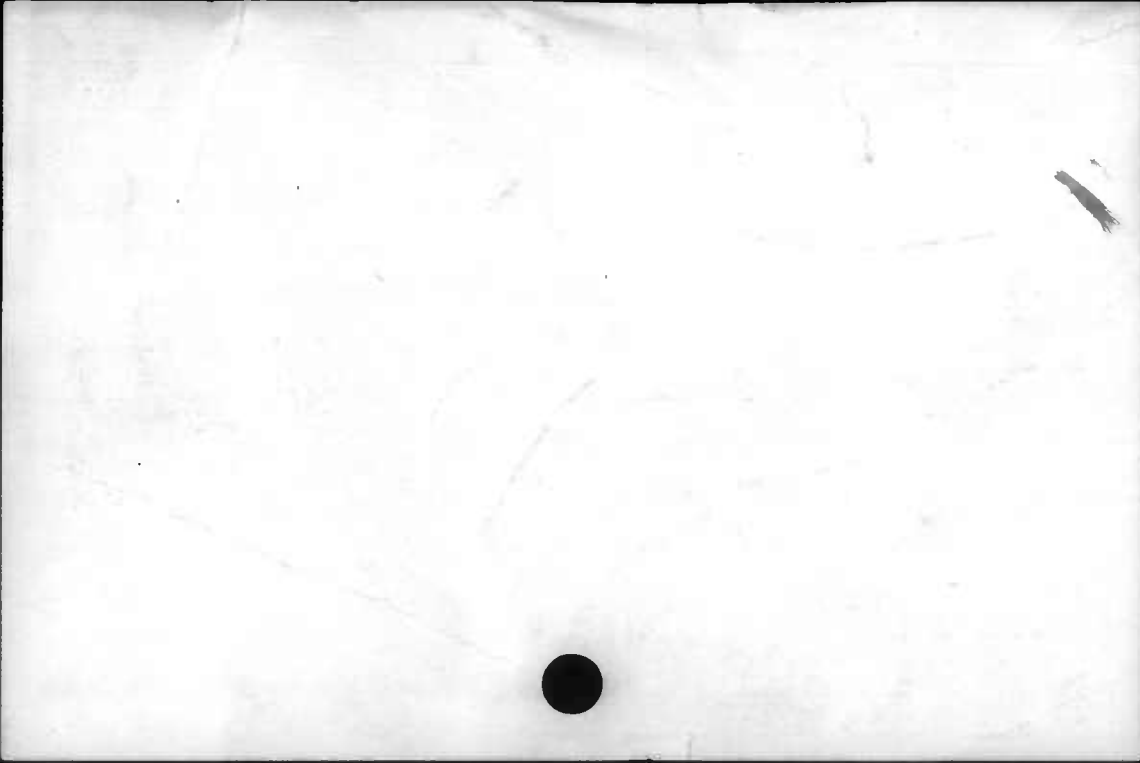
CAUSES OF DEATH

105

X

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>24 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J M Slade</i>	
		Address	
		<i>Keisterstown Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mervin Edgar Bechtel*
Died at *Deep Run* *Carroll*
Town County
Date of death *1909 July 22* Age *22* Months *5* Days *minutes*
Sex *Male* Color or Race *White* Birth-place *Deep Run, Md.*
Occupation _____ Where Residing if not at place of death _____

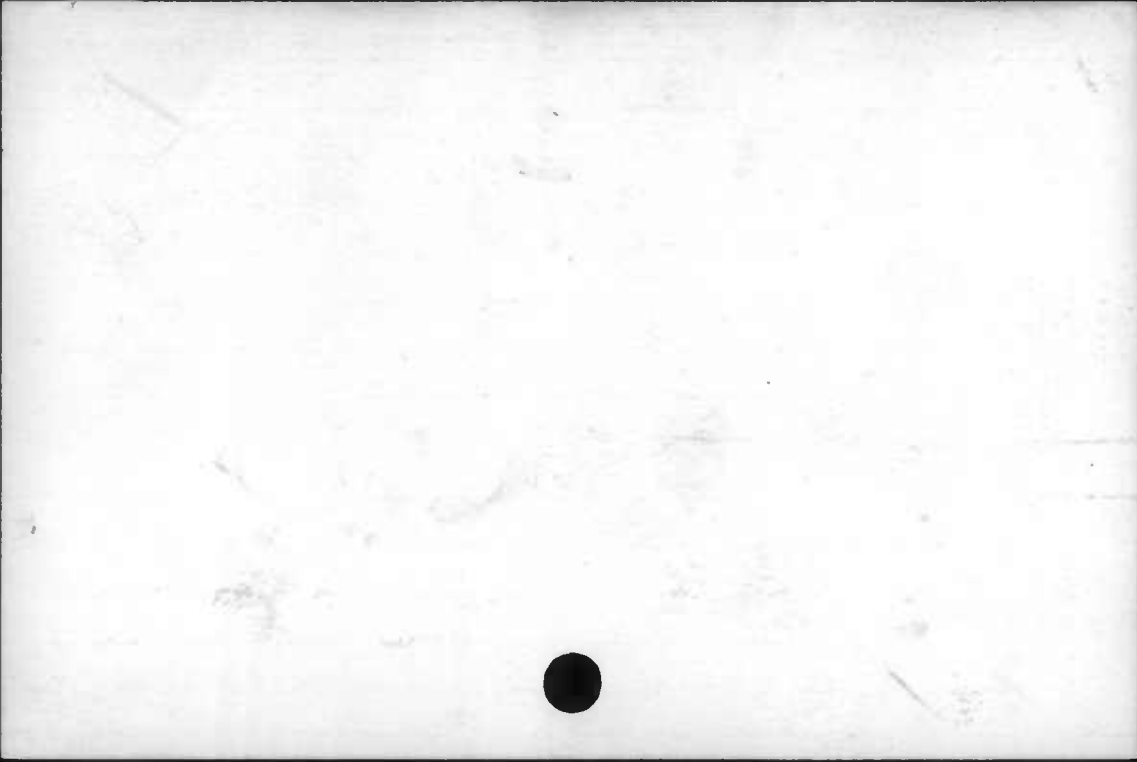
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Wm. L. Bechtel* Father's Birthplace *Carroll Co., Md.*
Mother's Maiden Name *Esther Amelia Karsch* Mother's Birthplace *Adams Co., Pa.*
Name of person giving Information *Wm. L. Bechtel* How related to deceased *Father*

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary *Asphyxia neonatorum* How long *5 minutes*
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *G. Lewis Wetzel, M.D.*
Address *Union Mills Maryland*
Accident or Suicide *8*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Andrew Bertrand

Town

County

MARYLAND

Died at

Sylkesville

Carroll

Date

of death

1909

Month
July

Day

7

Age

Years

26

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Father

Where Reiding if not
at pise of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Bertrand

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Mearce

Mother's
Birthplace

Md.

Name of person giving
Information.

Hosp Records

How related
to deceased

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

14 months

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S. H. Snively

Springfield State Hosp.
Sylkesville, Md.PHYSICIAN
OR CORONER

Accident or Suicide

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Nannie Boston
Elmsburg Carroll

MARYLAND

Died at Elmsburg Town Carroll County
Date of death 1904 July 22 Age 27 Months Days

Sex Female Color or Race African Birth-place Carroll Co
Occupation Domestic Where Residing if not at place of death Elmsburg

Married, Single or Widowed Widowed Name of Wife or Husband - Boston

Father's Name Noah Brooks Father's Birthplace Md.

Mother's Maiden Name Sarah Mother's Birthplace Md.

Name of person giving Information Jas R. Wier How related to Deceased

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis How long About 1 yr

Immediate Effects of same How long About 1 mo

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas E. Jeffers

Address Sykesville Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John J. Crapster</i>		Town <i>Langetown</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Langetown</i>		Month <i>July</i>		Day <i>20</i>		Years <i>60</i>	
Date of death <i>1909</i>		Months <i>4</i>		Days <i>9</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredesick Is Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E Crapster</i>					
Father's Name <i>Abraham Crapster</i>		Father's Birthplace <i>Howard Co Md</i>					
Mother's Maiden Name <i>Alice Patterson</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Ellen Crapster</i>		How related to deceased <i>Daughter</i>					

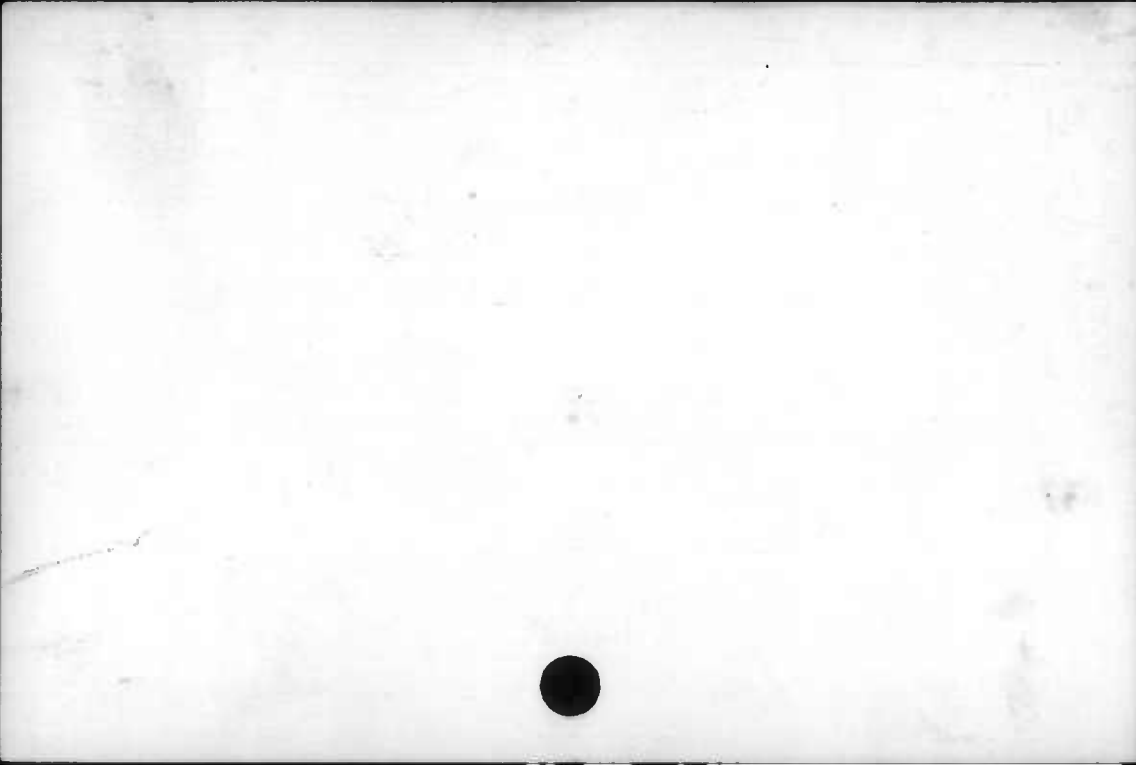
CAUSES OF DEATH

164

How long

PHYSICIAN
OR CORONER

Primary <i>Fall from Roof</i>		How long <i>20 minutes</i>	
Immediate <i>Fracture of Spine</i>		How long <i>20 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Quinn</i>	
Address <i>Langetown Md</i>			
Accident <i>Yes</i>			



Name
in
Full

Elizabeth Hall Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Henryton Carroll County MARYLAND
Date of death 1909 July 11 Age 70 Months Days
Sex Female Color of Colored Birth-place md
Occupation Housewife Where Residing if not at place of death md
~~Married, Single or Widowed~~ Widow Name of Wife or Husband Tobias Dorsey
Father's Name Henry Arden Father's Birthplace md
Mother's Maiden Name ~~Harriet~~ Mother's Birthplace md
Name of person giving Information Jubilee Hall How related to deceased Son

CAUSES OF DEATH

Primary Organic Heart Disease
Immediate Efforts of same
Are the name, age, sex, color, date and place correctly given above? as near as possible

79

How long

How long

Signature of Physician

Address

W. H. Haffinger
Sykesville
md

PHYSICIAN
OR CORONER

X

Accident or Suicide



Name
in
Full

500

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward F. Lurbin

Died at *Westminster* Town *Carroll* County *MARYLAND*

Date of death *1909* Month *July* Day *28* Age *3* Years *11* Months *—* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Roy Lurbin* Father's Birthplace *Maryland*

Mother's Maiden Name *Eunice P. Shaeffer* Mother's Birthplace *Id.*

Name of person giving Information *John Roy Lurbin* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal Indigestion* How long *36 hrs*

Immediate *Convulsions & Exhaustion* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. R. Faust* Address *Westminster, Md.*

Accident or Suicide *No*

Shaver

Kriders

Name
in
Full

Matilda Earp

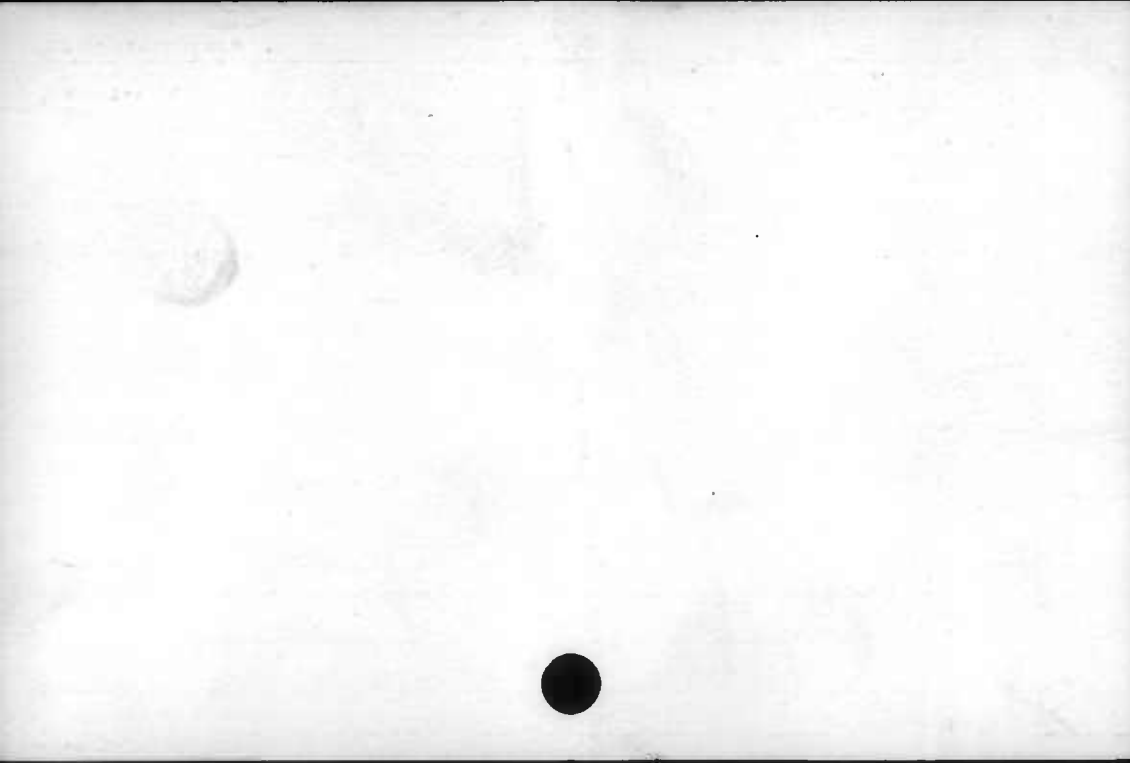
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	26 ^d	Age 74.		
Sex	Color or Race		Birth-place		
Female	White		Md		
Occupation			Where Residing if not at place of death		
None			-		
Married, Single or Widowed		Name of Wife or Husband			
Widow		Unknown (Earp)			
Father's Name			Father's Birthplace		
Levi Long			Md		
Mother's Maiden Name			Mother's Birthplace		
Mary Townsend			Md		
Name of person giving Information			How related to deceased		
Chas E. Earp 707 Baker St. Balto.			Son.		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Senile Dementia</i>	64 X	How long	<i>2 yrs</i>
	Immediate	<i>Cerebral Apoplexy & Exhaustion</i>		How long	<i>3 days.</i>
	Are the name, age, sex, color, date and place correctly given above?		Yes.		
	Signature of Physician		<i>John Norfolk Morris M.D.</i>		
Address		<i>Springfield State Hospital Sykesville, Carroll Co. Md.</i>			
Accident or Suicide		<i>-</i>			



Name
in
Full

Gernsey Foagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

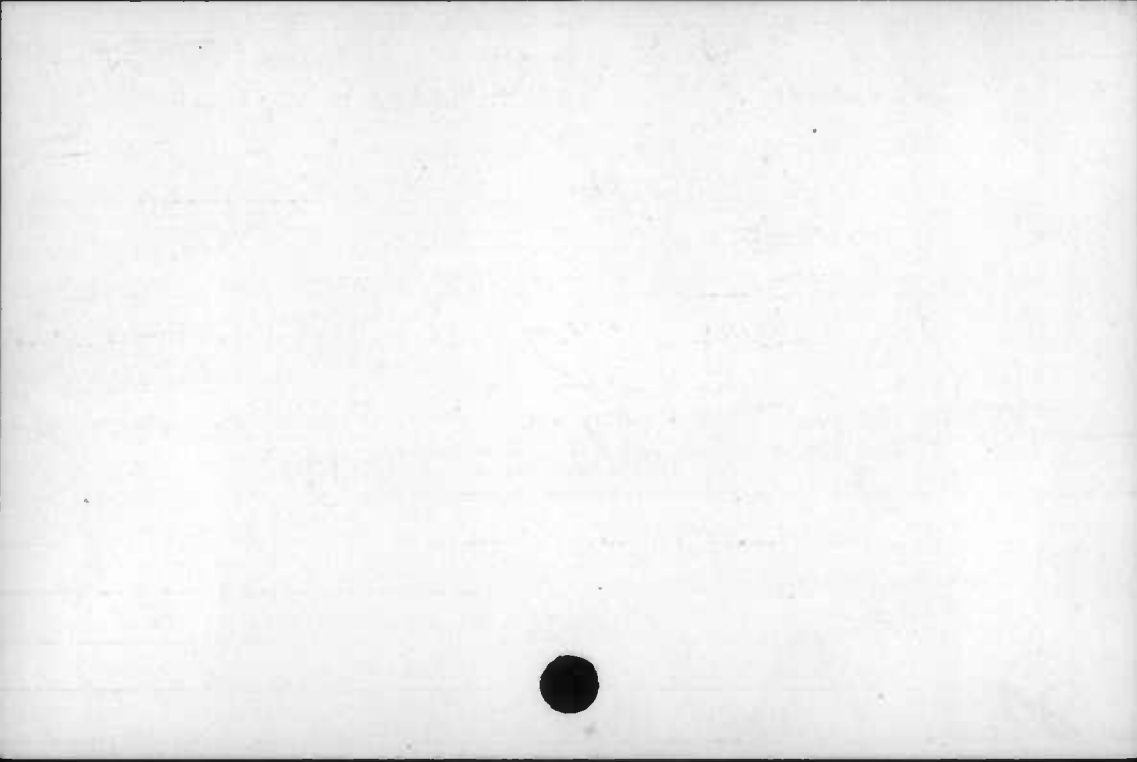
Died at <u>Uniontown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	13
Age		Years		Months	3
Sex	Female	Color or Race	W	Birth-place	Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

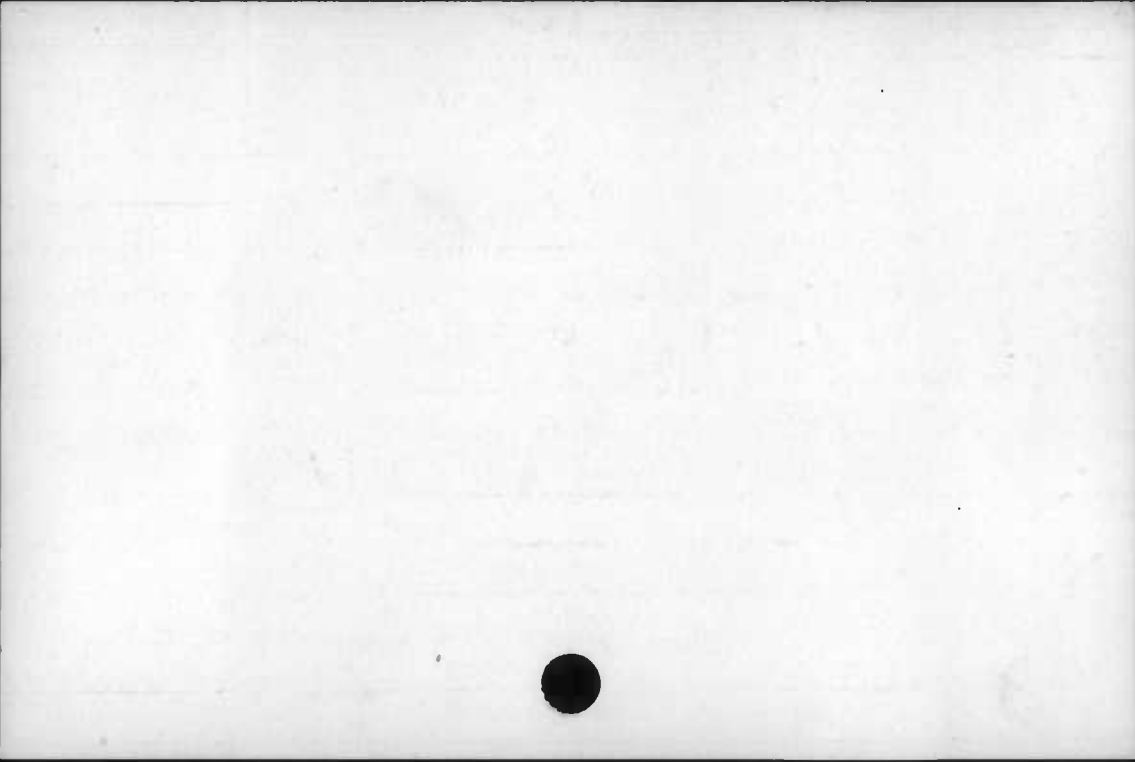
179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	Unknown
Immediate	Unknown	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Luther Kemp	
		Address	
		Uniontown Ind	
Accident or Suicide?			



Name in Full		Sena Frank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		mt Airy ^{Town}		Carroll ^{County}		MARYLAND
	Date of death		1909	July ^{Month}	6 ^{Day}	Age 2 ^{Years}	3 ^{Months}
	Sex		Female		Color or Race		Hebrew
	Occupation				Birth-place		
					Where Residing if not at place of death		Baltimore.
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Not known		Father's Birthplace		Russia
Mother's Maiden Name		not known		Mother's Birthplace		Russia.	
Name of person giving information				How related to deceased			
				CAUSES OF DEATH		(150) X	
PHYSICIAN OR CORONER	Primary		Hydrocephalus		How long		Since birth
	Immediate		Enteritis.		How long		3 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Walter Platt M.D.
	Accident or Suicide?				Address		802 Cathedral Md. C.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		7	6	82		6	6
Sex	Male	Color or Race	White	Birth-place	Manchester		
Occupation	James			Where Residing if not at place of death	Manchester		
Married, Single or Widowed	Widower		Name of Wife or Husband	Anna Mary Frankfort			
Father's Name	David C. Frankfort				Father's Birthplace	Manchester	
Mother's Maiden Name	Mary Frankfort				Mother's Birthplace	Maryland	
Name of person giving information	David H. Frankfort				How related to deceased	Son	

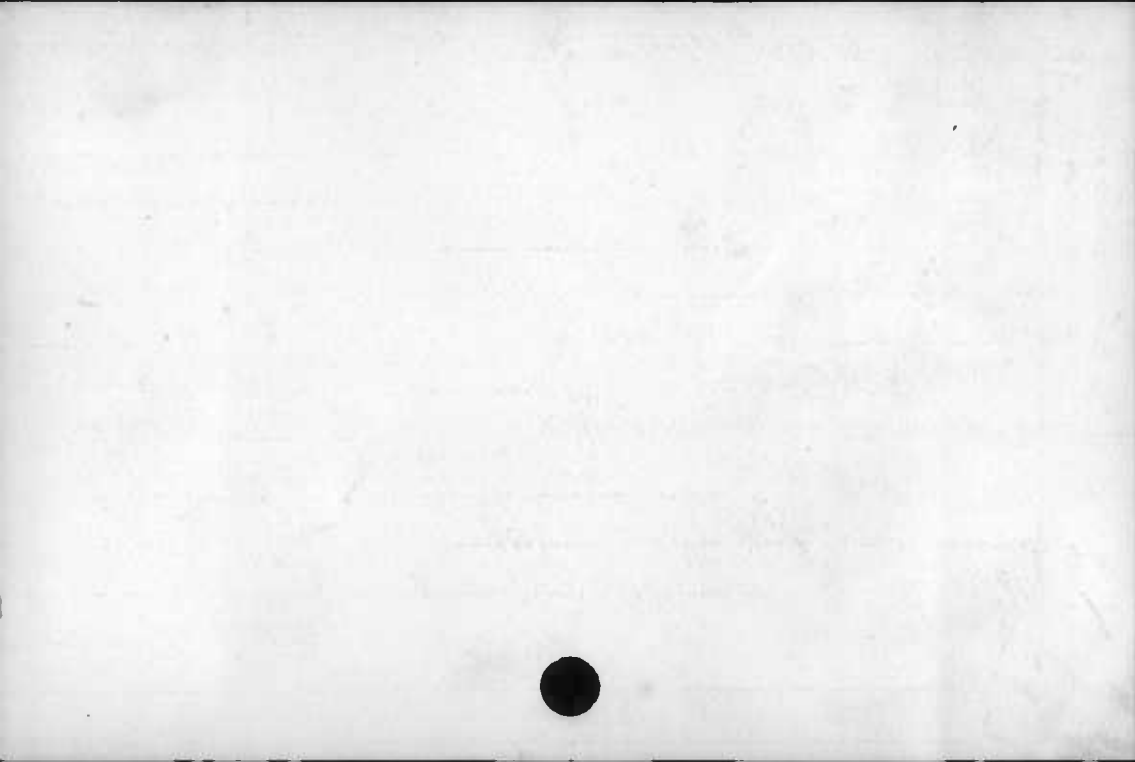
CAUSES OF DEATH

79

X

PHYSICIAN
OR CORONER

Primary	Tubercular Disease of Heart		How long	5 years
Immediate	Died with suffocation		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. H. Resard M.D.	
	Address		Hampstead Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

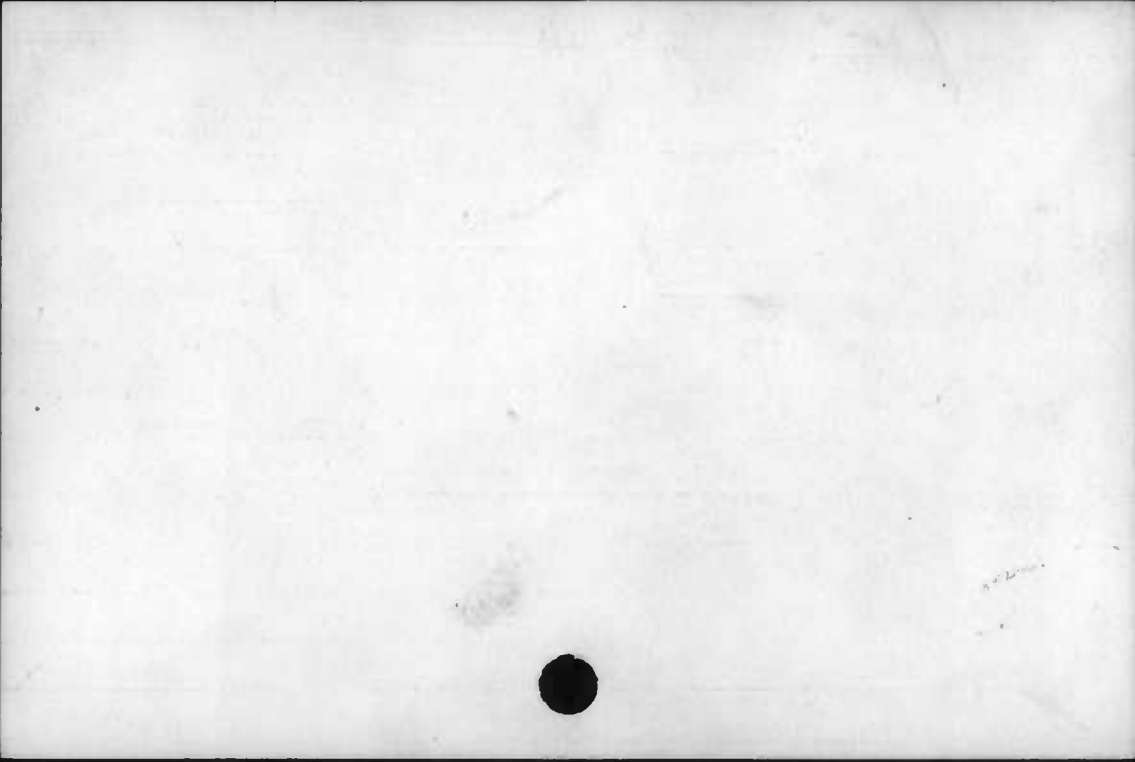
Died at <u>Manchester</u> Town		<u>Barracl</u> County		MARYLAND <u>Mo</u>	
Date of death	<u>1909</u>	Month	<u>July</u>	Day	<u>30</u>
Age	<u>7</u> Years		Months	<u>22</u>	Days
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Manchester</u>	
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Henry D. Gentler</u>			Father's Birthplace <u>Chacoga</u>		
Mother's Maiden Name <u>Bessie I. Armstrong</u>			Mother's Birthplace <u>Manchester</u>		
Name of person giving information <u>Henry D. Gentler</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>1 day</u>
Immediate	<u>Convulsions</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Sherman M.D.</u>	
		Address <u>Manchester</u>	
Accident or Suicide?		<u>Ind</u>	



Name
in
Full

CERTIFICATE OF DEATH

George Gross

Town

County

Died at

Hampstead Canal

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1909

7

1

81 1/2

9

15

Sex

Male

Color or
Race

White

Birth-
place

Canal Co.

Occupation

Miller

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Nancy Brown

Father's
Name

George Gross

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Edward Gross

How related
to deceased

Son

CAUSES OF DEATH

154

X

Primary

Old Age

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

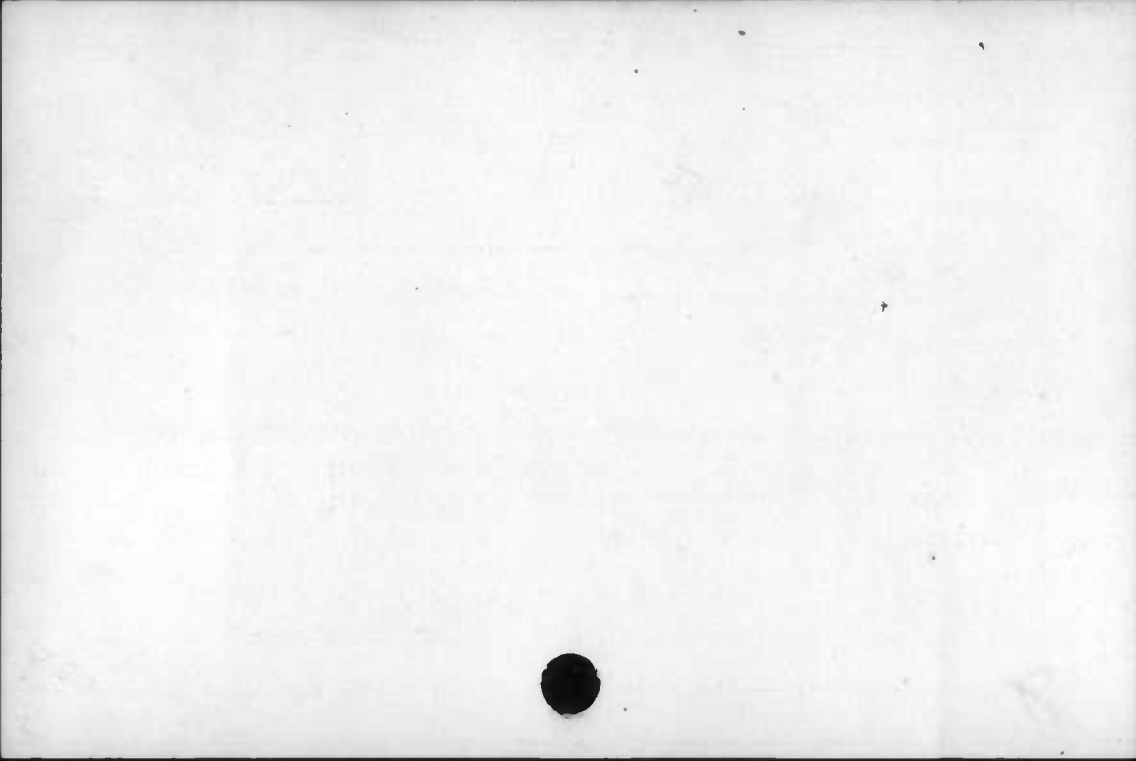
R. C. Willock

Hampstead
Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles J. Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

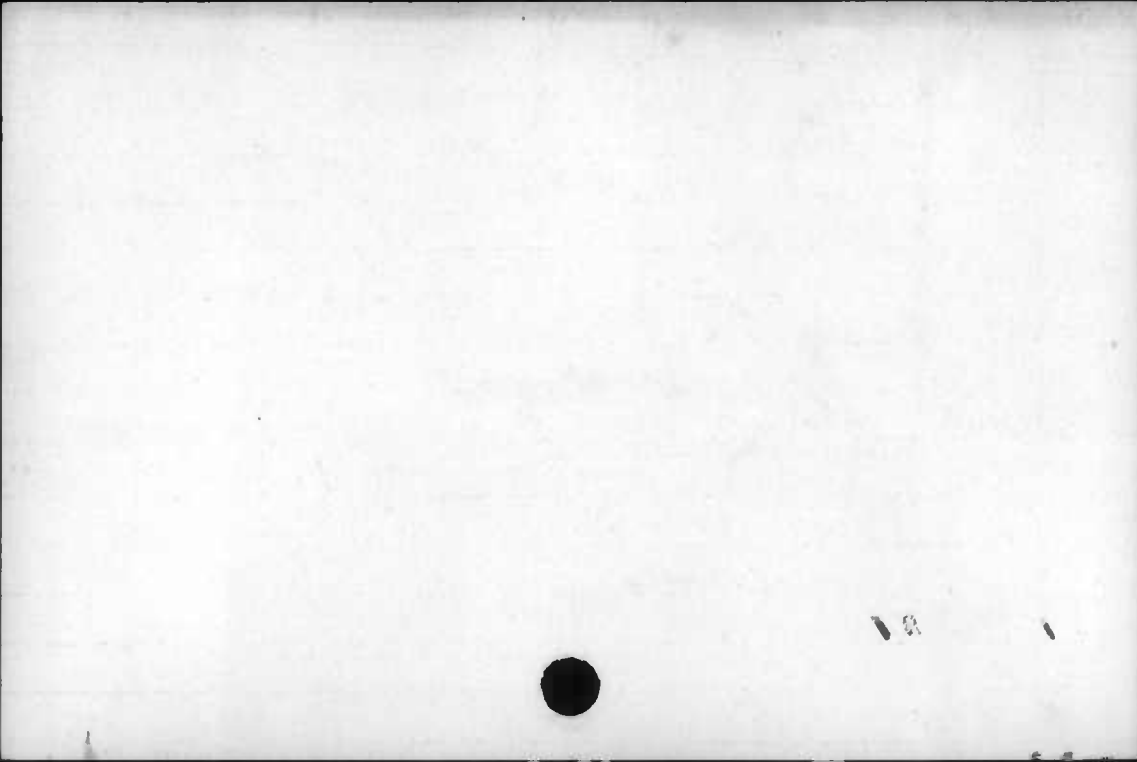
Died at <i>Linwood</i> <small>Town</small>		<i>Conell</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>July</i> <small>Month</small>	<i>1st</i> <small>Day</small>	<i>36</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Linwood</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nellie C. Haines</i>				
Father's Name <i>Joseph D. Haines</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Elizabeth J. Supton</i>	Mother's Birthplace <i>N. Va.</i>				
Name of person giving information <i>W. Morris Haines</i>			How related to deceased <i>1 Brother</i>		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Cerebral Abscess</i>	How long <i>Unknown</i>
Immediate <i>Septicemia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John G. Gentry</i>
	Address <i>New Windsor md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Jamos Harris

495
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		Month July	Day 15	Age 60	Years		Months Days
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name George Harris				Father's Birthplace Maryland			
Mother's Maiden Name Lester Knowl				Mother's Birthplace			
Name of person giving Information Geo Harris				How related to deceased Uncle			

CAUSES OF DEATH

166

X

PHYSICIAN
OR CORONER

Primary *Fell from trestle to the RR. track*

Immediate *Concussion of Brain*

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

accident

J. H. Dr. Wilbur

Westminster

MD

J. M. Stowers
Wesley Chapel Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Harris

Diad at *Union Bridge* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *17* Age ^{Years} *21* ^{Months} *10* ^{Days} *7*

Sex *male* Color or Race *white* Birth-place *Md,*

Occupation *Trinith* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Effie, Munford,*

Father's Name *Lewy Harris* Father's Birthplace *Md,*

Mother's Maiden Name *Elizabeth Hess,* Mother's Birthplace *Md,*

Name of person giving Information *Effie Harris* How related to deceased *Wife,*

CAUSES OF DEATH

Primary *Typhoid fever.* How long *4 weeks*

Immediate *Hemorrhages* How long *1 "*

Are the name, age, sex, color, date and place correctly given above?

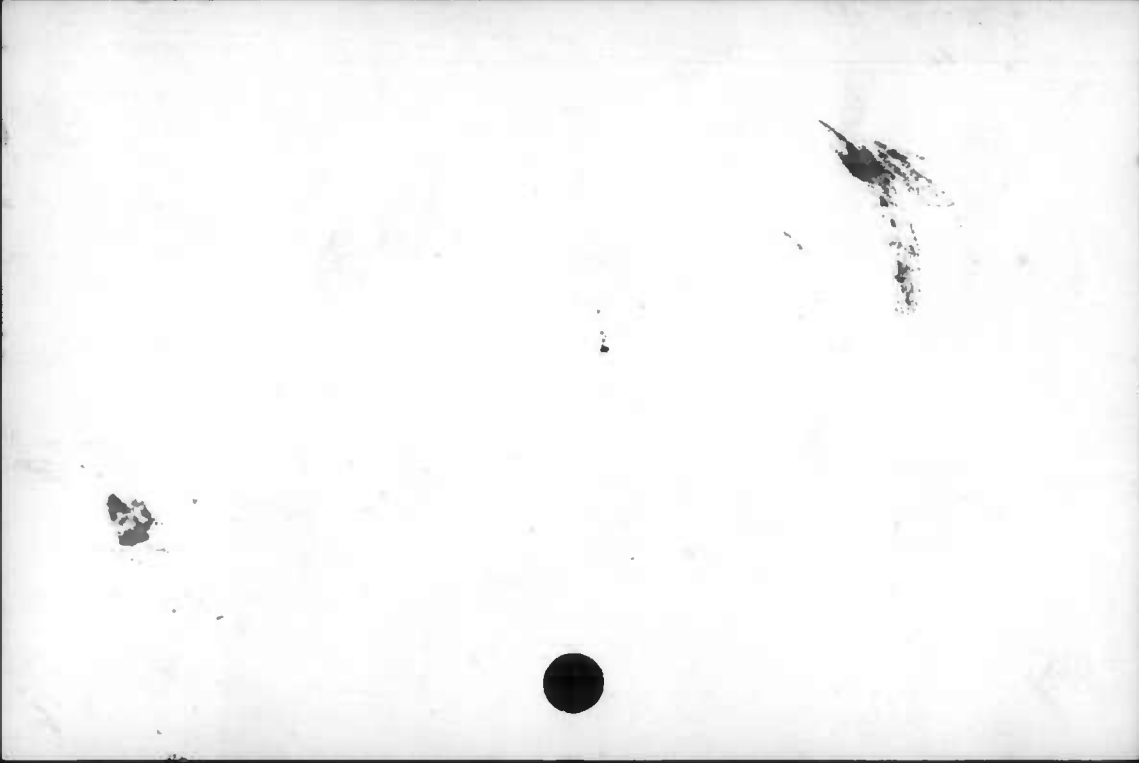
Signature of
Physician

Address

James Watt
Union Bridge
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Emanuel Hawk

CERTIFICATE OF DEATH

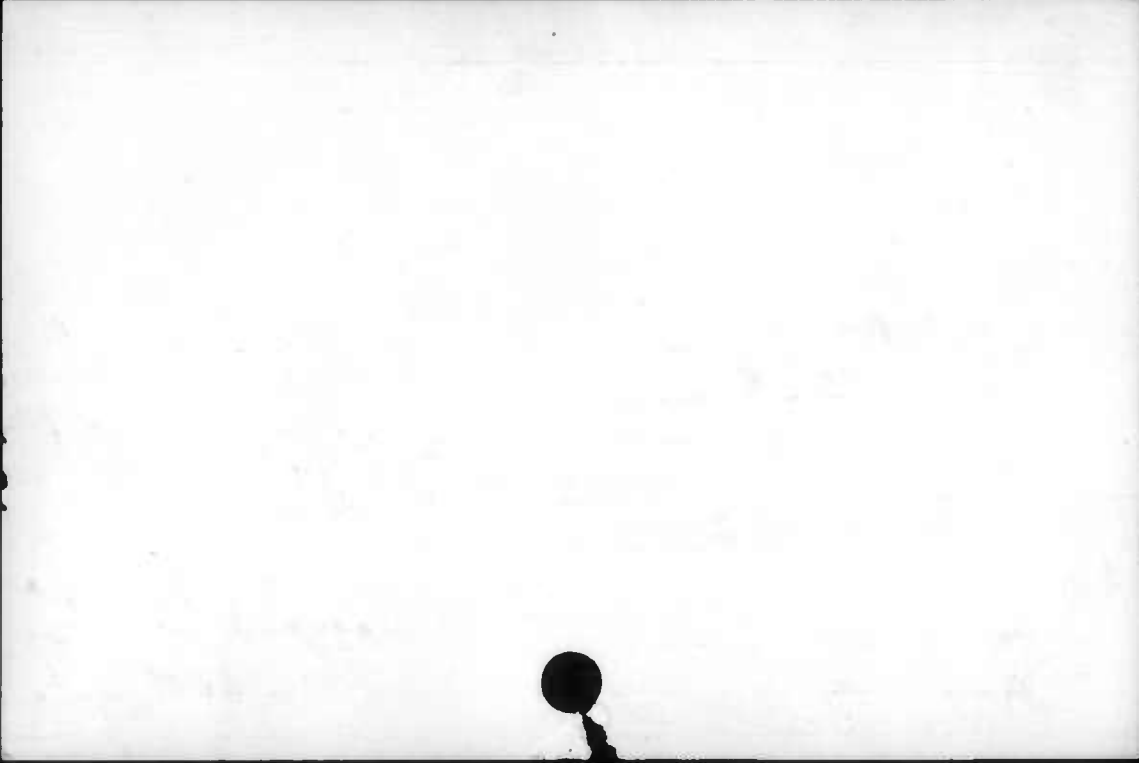
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Lancytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>10</i>	Age <i>70</i>	Months <i>3</i> Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Ind</i>		
Occupation <i>Painter & Farmer</i>	Where Residing if not at place of death				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Eliza J Hawk</i>				
Father's Name <i>Frederick Hawk</i>	Father's Birthplace <i>Carroll Co Ind</i>				
Mother's Maiden Name <i>Catherin Galley</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Wm Hawk</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Acute Regurgitation</i>	How long <i>79</i>	Number of years <i>79</i>
Immediate <i>Cardiac Dropsy</i>	How long <i>7 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Benner Md.</i>	
	Address <i>Panegyton Md.</i>	
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Barnhart, T. Henrich.

CERTIFICATE OF DEATH

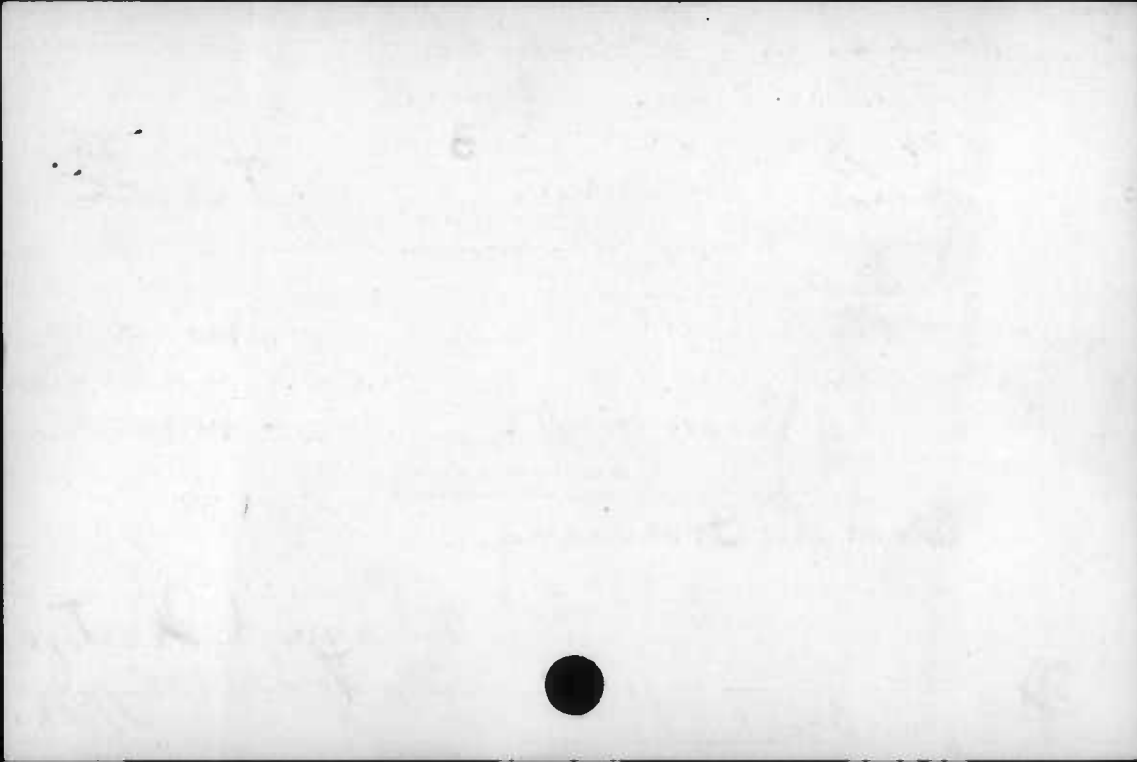
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lineboro		County Cannell		MARYLAND	
Date of death	1907	Month July	Day 23	Age 53	Years	Months 8	Days 10
Sex	Male		Color or Race	White		Birth- place	France
Occupation	Laborer.			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Not Known					Father's Birthplace	Not Known
Mother's Maiden Name	not known,					Mother's Birthplace	not known
Name of person giving In formation	Jacob Dubs					How related to deceased	No Relation.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

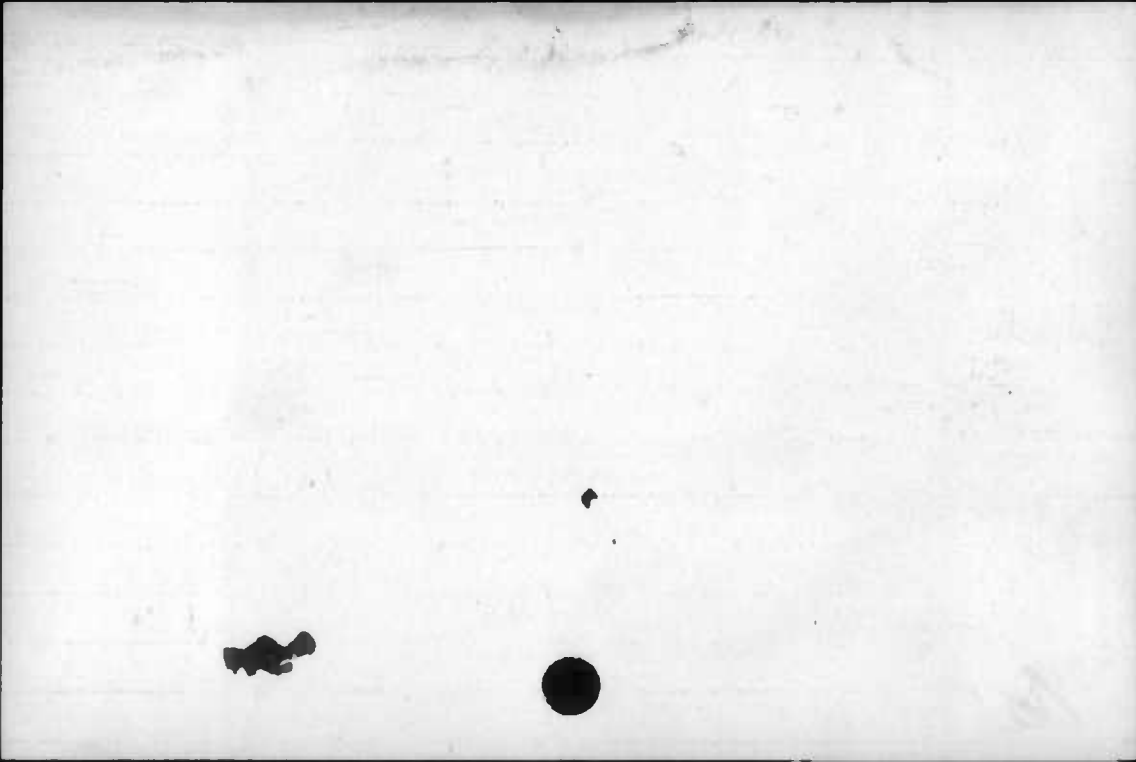
Primary	Accidental Drowning.		How long	172 X
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. Howard Wertz.	
		Address	Lineboro Md.	
Accident or Suicide?		Accident.		



Name in Full Frank A. Hodges		494 CERTIFICATE OF DEATH	
Died at Westminster Town		Carroll County	
Date of death 1909 July 5		Age 57 Years Months - Days -	
Sex Male		Color or Race White	
Occupation Retired		Birth-place Pennsylvania	
Where Residing if not at place of death Warren Pa			
Married, Single or Widowed Single		Name of Wife or Husband -	
Father's Name Walter W Hodges		Father's Birthplace New York	
Mother's Maiden Name Marvel B Jackson		Mother's Birthplace Penn^d	
Name of person giving information Adelaid M. Hodges		How related to deceased Sister	
CAUSES OF DEATH			
Primary Asthma		How long Some years	
Immediate Asthma cardiac		How long 2 or 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Jas. H. Billingslea	
		Address Westminster Md	
Accident or Suicide? No			

Nathan Penna
Shaner

Name in Full Alexander Johnson		CERTIFICATE OF DEATH	
Died at Barstow ^{Town}		County Barroll	
Date of death 1909 ^{Month} July ^{Day} 15th ^{Years} 70		Months 5 Days 1	
Sex Male	Color or Race Black	Birth-place Talbot Co. Md.	
Occupation Laborer		Where Residing if not at place of death	
Married, Single or Widowed Married	Name of Wife or Husband Eliza J. Williams		
Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information G. E. Franklin		How related to deceased Son	
CAUSES OF DEATH			
Primary Chronic Intestinal Neoplasm		How long 10 years	
Immediate Uremia		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Luther Skemp	
		Address Uniontown, Md.	
Accident or Suicide?			



Name in Full		499 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>
	Date of death <i>1909</i>	Month <i>July</i>	Day <i>22</i>	Age <i>5</i>	Years <i>5</i> Months <i>5</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Francis M Lowe</i>	Father's Birthplace <i>Maryland</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Emma Gertrude Lowe</i>	Mother's Birthplace <i>do</i>			
	Name of person giving information <i>Francis M Lowe</i>	How related to deceased <i>Father</i>			
	CAUSES OF DEATH				
	Primary <i>Intestinal Indigestion</i>	How long <i>105</i> X <i>one day -</i>			
Immediate <i>Convulsions -</i>	How long <i>10 hours</i>				
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Foub.</i>			
Accident or Suicide? <i>no</i>		Address <i>Westminster Md.</i>			

Sharrer
Wentworth Cemetery Co.

1/11/14

Name
in
Full

Frank

Leyner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		7	22	60		0	0
Sex		Color or Race		Birth-place			
male		white		Md			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
married		Laura Crumbacher					
Father's Name				Father's Birthplace			
Abraham Leyner				Md.			
Mother's Maiden Name				Mother's Birthplace			
Isabella Hook				Md.			
Name of person giving Information				How related to deceased			
Fanny Leyner				Daughter			

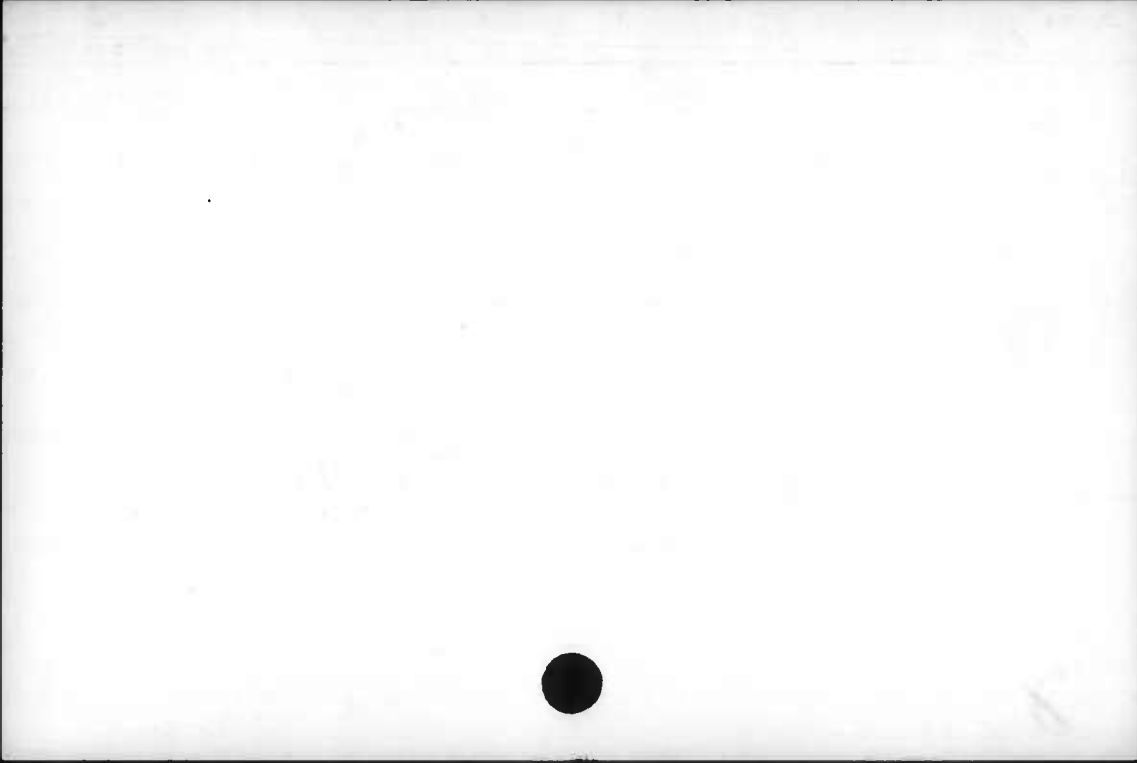
CAUSES OF DEATH

79

X

PHYSICIAN
OR CORONER

Primary		How long	
Heart		15 yrs	
Immediate		How long	
Heart Failure		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. H. Brown	
		Address	
		Union Bridge	
		Carroll Co	
Accident or Suicide			



Name
in
Full493
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leannellin</u> ^{Town}		County <u>Sevier</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>1</u>	Age <u>70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Jesse Magee</u>				
Father's Name <u>John R. Cook</u>	Father's Birthplace <u>Mass</u>				
Mother's Maiden Name <u>Margaret R. McGinnis</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Carroll. Magee</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <u>Glossy Pharyngeal Paralysis</u>	How long <u>one week</u>
Immediate <u>hypostatic pneumonia</u>	How long <u>36 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Henry M. Fitzhugh</u>
	Address <u>Westminster Md</u>
Accident or Suicide? <u>8</u>	

Bethel Church
Canadatus

Shaver

Name
in
Full

Margaret Eugenia

Norwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hoods Mill^{County} Carroll

MARYLAND

Date of death 1909 July

Day 30

Age Years

Months 3

Days

Sex Female

Color or
Race

white

Birth-
placeHoods Mill
Carroll Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jacob C. Norwood

Father's
Birthplace

Friedt Co. Md

Mother's
Maiden Name

Effie Irene Bell

Mother's
Birthplace

Friedt Co. Md

Name of person giving
information

Jacob C. Norwood

How related
to deceased

Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Marasmus -

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

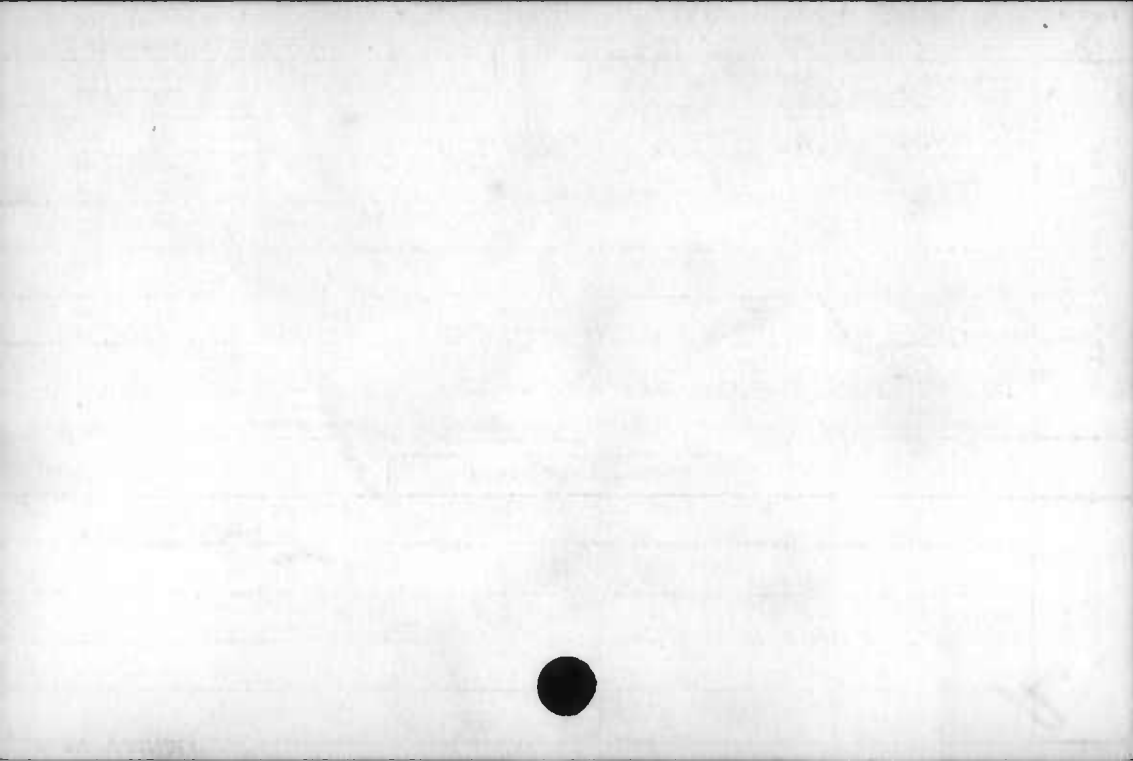
Signature of
Physician

Daniel B. Sprecher

Address

Sykesville
Md.

Accident or Suicide?



Name
in
Full

Emma M. Pittinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Jordan Reatread* Town *Barroll* County

MARYLAND

Date of death 190*9* Month *July* Day *26* Age *35* Years Months *1* Days *13*Sex *Female* Color or Race *White* Birth-place *New Windsor*Married, Single or Widowed *Married* OccupationName of Wife or Husband *Samuel Pittinger*Father's Name *Wm Winters* Father's Birthplace *New Windsor*Mother's Maiden Name *Lucinda Barbara* Mother's Birthplace *Fadueburg*Name of person giving information *Charles Bowers* How related to deceased *NO*

CAUSES OF DEATH

Primary *Apoplexy* *64* How long *5 days.*

Immediate

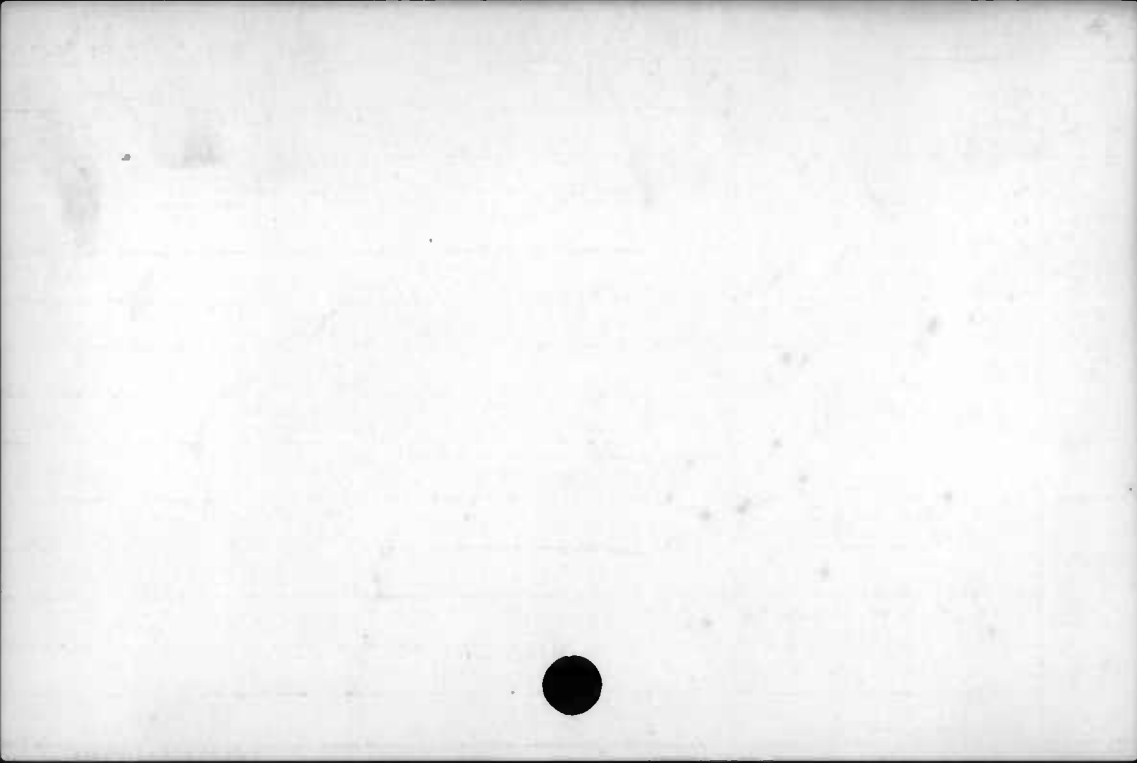
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Radinsky - Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *mt airy*

Town

carroll

County

Date of death *1909 July*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*White - Polish*Birth-
place

Occupation

Where Residing if not
at place of death*Baltimore*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

179

Primary

Marasmus

How long

Life time.

Immediate

*24*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*Arthur B. Bute M.D.*

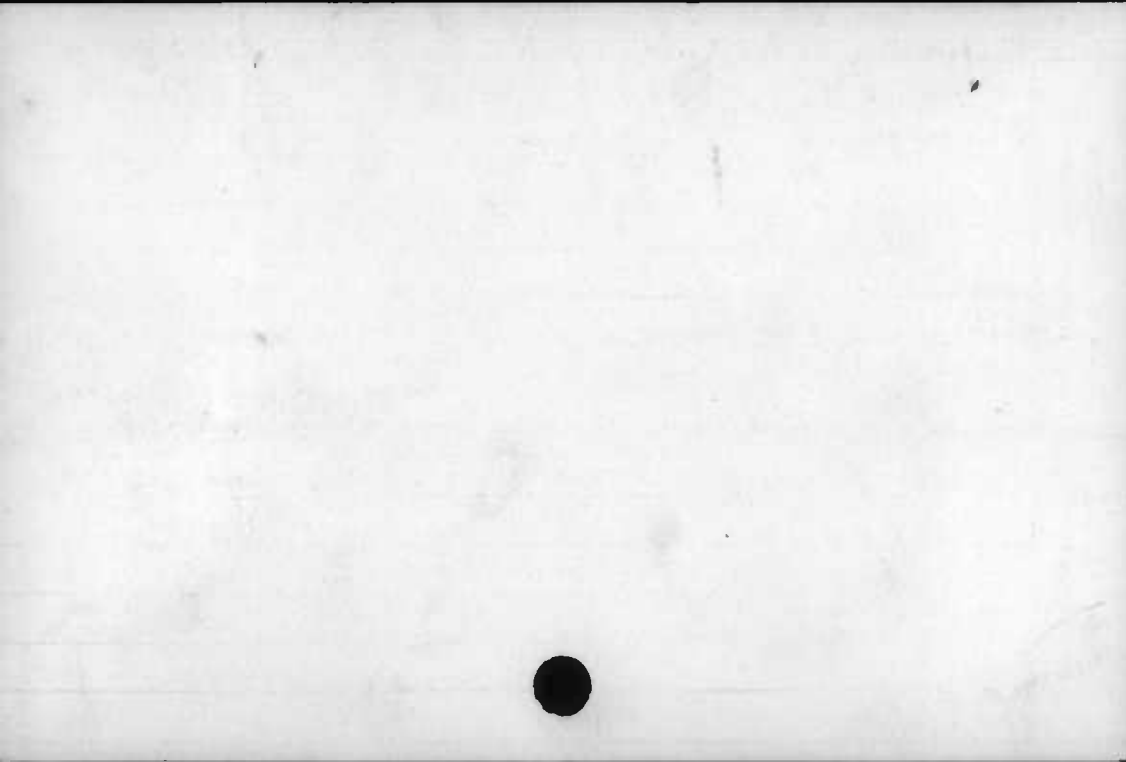
Address

*802 Cathedral St
Barrett Sanitorium D.C.*

Accident or Suicide?

*—*PHYSICIAN
OR CORONER

LIBRARY BUREAU A66016



Name
in
Full

David S. Rix

CERTIFICATE OF DEATH

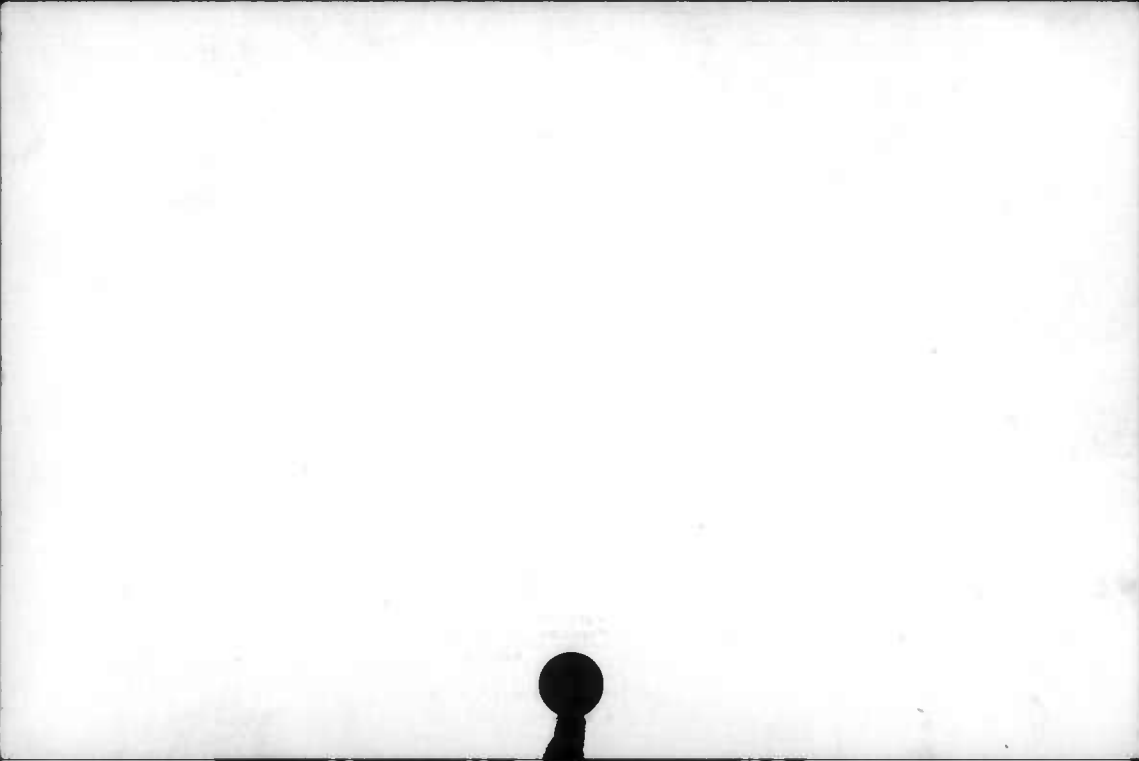
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middleburg</u>		County <u>Carroll</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>7</u>	Day <u>6</u>	Age <u>65</u>	Months <u>8</u> Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fredk Co. Md.</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death <u>Middleburg.</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary E. Rix</u>				
Father's Name <u>Philip Rix</u>	Fether's Birthplace <u>Fredk Co.</u>				
Mother's Maiden Name <u>Margaret Barnhart</u>	Mother's Birthplace <u>Fredk Co.</u>				
Name of person giving Information <u>H. Lumbin Brown</u>			How related to deceased <u>no</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>1 year</u>
Immediate <u>Heart</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. Lumbin Brown M.D.</u>
	Address <u>Union Bridge Carroll Co.</u>
<u>Accident or Suicide</u>	



Name
in
Full

Susanna Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

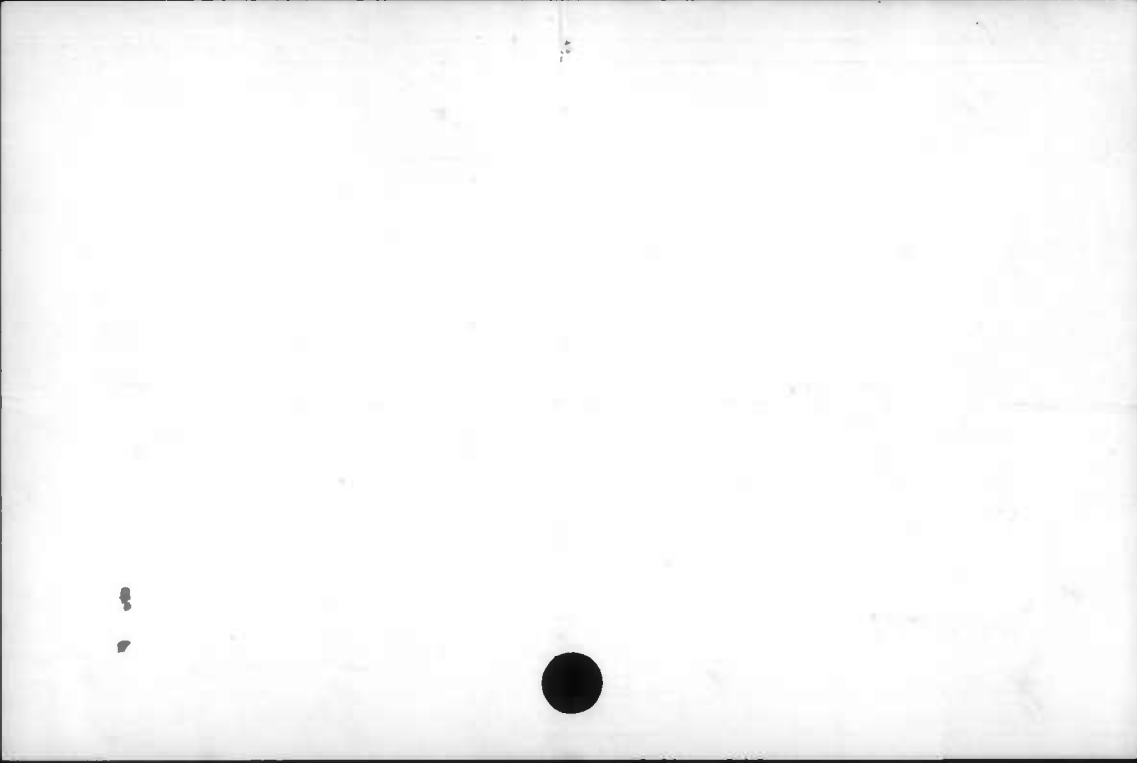
Died at		Town Lykesville		County Carroll		MARYLAND	
Date of death		Month 1909 July		Day 7 th		Age 74	
Sex Female		Color or Race White		Birth- place Md			
Occupation None				Where Residing if not at place of death -			
Married, Single or Widowed		Name of Wife Husband Unknown					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information Hospital Records				How related to deceased -			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Senile Dementia		How long 2.
Immediate Colitis and Exhaustion		How long about 10 days.
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Norfolk Morris, M.D.
Address Springfield State Hospital Lykesville, Carroll Co. Md		
Accident or Suicide -		



Name
in
Full

William H Stanton

497

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	19
Age	76	Years		Months	6
Sex	male	Color or Race	white	Birth-place	Maryland
Occupation	cooper		Where Residing if not at place of death		
Married, Single or Widowed	widower	Name of Wife or Husband	Wheat		
Father's Name	William Stanton		Father's Birthplace	Maryland	
Mother's Maiden Name	Don't know		Mother's Birthplace	don't know	
Name of person giving Information	Mrs Thos Rickel		How related to deceased	Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>5 days</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>L. J. Coon</u>
		Address	<u>Westminster Md</u>
Accident or Suicide			

Westminster Circular
Stores

Name
in
Full

Dallas "Thomson"

496
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Diad at Westminster Carrall MARYLAND
 Town County
 Date of death 1909 July 16 Age 62
 Month Day Years Months Days
 Sex male Color or Race white Birth-place Baltimore
 Occupation Laborer-Goldier Where Residing if not at place of death Bud Russell
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name Unknown Mother's Birthplace Unknown
 Name of person giving Information John Royer How related to deceased Cousins

CAUSES OF DEATH

Primary Bright's Disease How long several years
 Immediate Acute Indigestion, Effaution - 5 days How long _____
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas R. Jantz
 Address Westminster
 Accident or Suicide No

PHYSICIAN
OR CORONER

Baltimore Ind
Stoner

Name
in Full

Keziah Trish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3d District Town Carroll County MARYLAND

Date of death 190 9 Month 7 Day 29 Age 75 Years Months 7 Days 22

Sex Female Color or Race white Birth-place Maryland

Occupation none Where Residing if not at place of death residence

~~Married, Single~~ or Widowed Married Name of Wife or Husband Frederick Trish

Father's Name Philip Scholl Father's Birthplace unknown

Mother's Maiden Name Barbara Bankert Mother's Birthplace unknown

Name of person giving Information Greenberry Trish How related to deceased Son

CAUSES OF DEATH

Primary

Appoplexy -(64) X
How long15 min.

How long

Immediate

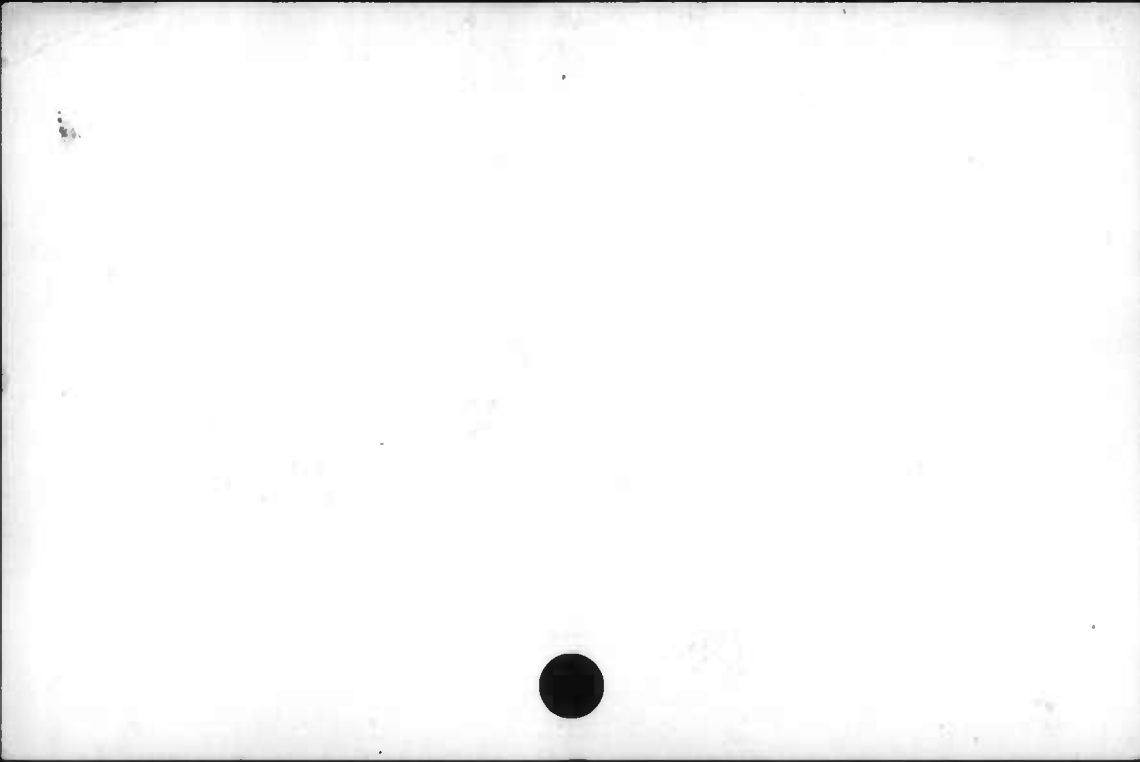
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John B. Ziegler
Westminster
Md.PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

Magnuder Duckett Wilson
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at near Reintinton Carroll

Date of death 1909 July 25 Age 64
Month Day Year

Sex Male Color or Race White Birth-place Balto City Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Maria Katherine Wilson

Father's Name Duckett Wilson Father's Birthplace Balto Co Md

Mother's Maiden Name Mary E. Duckett Mother's Birthplace Balto Co Md

Name of person giving Information Maria Katherine Wilson How related to deceased wife

CAUSES OF DEATH

Primary Myo-Carditis How long 79 18 mos.
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. M. Slade

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

To be Buried at Greenmount Cemetery

Baltimore Md

Undertaker

J F Eline

Name
in
Full

Walter Yasek,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MD Airy</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1909</i> Month	<i>July</i> Day	<i>22</i> Age	<i>9</i> Years	<i>9</i> Months
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>not known</i>			Father's Birthplace <i>MD, known</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>MD, known</i>		
Name of person giving information <i>not known</i>			How related to deceased <i>not known</i>		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Primary Pernicious Anemia</i>	How long	<i>10 wks.</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter B. Stahl M.D.</i>	
		Address <i>802 Cathedral St</i>	
		<i>Baltimore Md. Also MD Airy</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			

